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ORIGINAL COMMUNICATIONS.

A BRIEF REVIEW OF THE REPORTS ON SCARLET FEVER AND DIPHTHERIA PUBLISHED IN THE "TRANSACTIONS" OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA FOR 1871.

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(Concluded from page 215.)

WE should have a positive, well-defined belief in regard to this *grave* condition, and select our measures of relief in accordance with it. This latter view is the one which I hold in relation to the early prostration of the vital forces in scarlet fever and in diphtheria. And now, believing that I can arouse this prostrate vital force only by acting on the nervous system, what shall I do? Of all the means of arousing the nervous system to action in the coma, or the tendency to coma, which characterizes grave cases of scarlet fever, I have never tried any equal to the *pouring of cold water* on the head. It has proved successful with me in many of the gravest cases of scarlet fever, in coma from erysipelas, and in two cases of deep stupor from poisonous doses of alcohol. I have scarcely a doubt that it would have succeeded in Dr. Suisher's cases, had he done it with a bold hand, without fear of the pale and prostrate condition of the patient, and not for a minute or two, but on and on till the brain was aroused and consciousness restored.

But let us return to Dr. Suisher's report. He says,—

"The disease subsided, and did not reappear till next February, when it occupied a large territory. It was of the anginose variety, and the throat-affection severe."

And now hear him:

"It was during the prevalence of this epidemic that I for the first time tried the use of ice internally and externally to the throat, and the result was highly satisfactory, producing effects equal to what its most sanguine advocates claim for it. Of over thirty cases, all recovered. *Three of them would not, I think, under any other treatment.* In connection with the ice I used other remedies, such as the cases required; but in several of them I attributed recovery to the ice persistently and regularly applied. In those cases of scarlatina in which the throat-affection predominates, *I believe it to be superior to any other treatment.* That it would have lessened the mortality in the other cases mentioned, I cannot believe."

And now allow me a word of explanation. Why was there not much throat-affection in the cases where the vital forces were so greatly prostrated? Because when the nervous system is affected deeply, as in shock from injury, or from poisons, or from sunstroke, local inflammations do not—nay, cannot—manifest themselves with any vigor, until the brain has been relieved. But if Dr. S. had relieved the brain from its torpor by pouring cold water upon the head, he would have seen the eruption glow on the skin, and the tonsils inflame and swell so as to demand the ice internally and externally, as in his latter cases. My heart warms towards Dr. Suisher for the advance he has already made, and the hope he has given me of better things yet to come.

Dr. L. H. Lenher, of Cumberland county, speaks of scarlet fever and diphtheria prevailing, but gives no clue to the treatment, nor percentage of deaths. In diphtheria he bleeds, and gives calomel and ipecacuanha for twenty-four or forty-eight hours, but in what quantity he does not say.

In Fayette county, Dr. Voorhees had ten cases in April and May. He used mild purgatives to regulate the bowels, veratrum viride to reduce the pulse, cold to the fauces, in the form of ice-water, or lumps of ice held in the mouth; and a saturated solution of chlorate of potash as a gargle. He has long since abandoned the use of the swab to the throat, considering its use fraught with disastrous consequences.

Dr. Sheller, of Lancaster county, "had about sixty cases of the mildest type, and only two deaths,—not quite four per cent." Treatment, "wash with warm water and soap every six hours,—chlorate of potash as a gargle." Thinks he "has been as successful with the warm water and soap as ever Dr. Corson has been with ice." Not if he lost two out of "sixty cases, nearly all of the mildest type." In my advocacy of the ice and cold-water treatment, I have special reference to the treatment of grave cases,—those cases which, under the common hot treatment, with bacon to the throat and lard smeared on the body, and caustic and chlorate of potash applied to the glands and mouth, sweep off whole families, and which physicians speak of as "cases in which no treatment is of any avail." Instead of losing two out of sixty mild cases, I would not expect to lose more out of sixty grave ones, *if seen early.*

Columbia county.—Dr. Craig had much of the disease in April, May, and June. Of his treatment, suffice it to say it was the treatment long in use,—calomel, Dover's powder, ipecac, chlorate of potash, tincture of iodine to the neck, and lard to the body. If violent, an emeto-cathartic. He sums up by saying,—

"I feel free to say that I derived more benefit from the chlorate of potash in the throat-difficulties than from any other remedy;"

and adds,—

"It is impossible to give a correct average of the mortality; but, owing to the mild form of the disease during the early part of the epidemic, I should judge that it was about eight or ten per cent. of the whole number treated."

I regret that this article is too long for insertion here. It is the old history of a trial of nearly every remedy used during the last half-century, and the results were too fatal to invite a trial of it hereafter. There must have been a dreadful mortality of the severe cases, to make eight or ten per cent. of the whole number, when the many cases were of the

mild form. How valueless the treatment must have been in the grave cases, may be readily imagined, when his most potent remedy was a solution of a few grains of chlorate of potash. I am truly sorry to criticise the doctor's treatment, but the interests of humanity demand that every vaunted treatment be examined and held up to the light without fear or favor.

Dr. Ziegler, of Lancaster county, reports forty cases of scarlet fever, and eighty-five of diphtheria; four of the former and eleven of the latter died. Treatment of scarlet fever, "mild cathartics, veratrum viride, chlorate of potash; externally, inunction with lard daily, with ice-water to allay thirst, gave the most effectual relief." Treatment for diphtheria the same, "but with ten to thirty drops of muriated tincture of iron added to the solution of chlorate of potash, every three hours." It was mainly the same treatment used by Dr. Craig, improved by the allowance of ice-water as drink, and the results were nearly the same in severe cases.

We all know that in an ordinary visitation of scarlet fever or diphtheria, not more than one-fourth of the cases would be of a grave type. And it is for these latter that our remedies should be efficient. Any nurse can manage the mild ones.

Dr. Treichler, of the same county, had, from June, 1870, to April, 1871, two hundred and forty-three cases, "in which applications were made to the false membrane with solid nitrate of silver, or with carbolic acid and glycerin. Externally, volatile liniment, unguentum cantharidis, sinapisms, turpentine, and old bacon."

In the name of science and an enlightened humanity, I protest against these dangerous external applications, which in thousands of cases have slain their victims. But let us proceed. "To allay the fever, veratrum viride and spirits of nitre; where the disease passed to the windpipe, used emetics, calomel, inhalations of lime, counter-irritants, warm bath, in fact, almost everything, without avail."

Is it not strange that in two hundred and forty-three cases, when nothing was of avail in twenty cases, some other treatment was not tried? Instead of the now rejected caustic to the throat, why did he not try ice, or ice-water, or ice-cream freely, and externally, instead of the useless bacon and the dangerous irritants and vesicatories, iced water or ice to the neck continuously, at the same time sponging the body with tepid, cool, or cold water, as the case might demand, instead of smearing it with lard? Those remedies have been found efficient hundreds of times in the gravest cases, and might at least have been tried, in those cases where the old remedies had, as he declares, proved of no avail.

Luzerne county was visited by scarlet fever "seldom evincing malignancy." In addition to well-known remedies, Dr. Crawford recommends sulphocarbolate of soda. In about thirty cases he relied almost exclusively upon it. To a child three years of age he gives from one and a half to three grains every two hours.

Mercer county.—"Scarlet fever prevailed," says Dr. Livingstone, "in the county for eighteen months past, with more malignant cases than are usual, and many *died early* in the disease." His treatment may be deduced from the following extract:

"I believe the profession satisfied on three points. First, early feeding; second, expectant plan—no medicine; third, no cathartics till the decline. No one has applied cold-water bath, or douche, or ice."

I cannot pass these delusions, harmless as they may seem to the author, without a word or two. When shall the early feeding come in, or the expectant plan show its power, in a case that suddenly begins with vomiting, in a few hours is followed by convulsions or a violently inflamed throat, and, unless saved by prompt and efficient measures, would be a corpse in less than forty-eight hours? Talk of early feeding, and expectant plan, when your child is struggling for life and demands instant relief! He who has seen a severe case of scarlet fever knows how great the peril, and will at once to the rescue.

Montgomery county.—Dr. Sargent writes:

"The ice treatment of scarlet fever is still a popular remedy, and growing rapidly in favor; and while our members do not have the same success that Dr. Corson claims, they acknowledge it a potent and efficient application and remedy."

Thank you, doctor, for your words of cheer, and let me assure you that when you wield the remedy with confidence you will reach the success which Dr. C. claims.

Northampton county.—Professor Traill Green says,—

"A mild and cooling treatment produced the most beneficial results; caustics and strong acids, applied by means of a sponge, too often produce an inflammation in the surrounding parts, which in the condition of the system pass into an unhealthy form, and the disturbance to the system, caused by the use of a remedy so unpleasant to the child, adds greatly to the danger of the disease."

These are wise words, and should not be forgotten; he adds,—

"It is far easier now than formerly to conduct the treatment in a cool room with cool drinks, and, when proper, with cold applications to the body of the patient."

Another physician in the same county reports "one hundred and sixty cases, of whom fourteen died." He used the ordinary remedies, and "tried the ice around the neck in some cases, and ice-water in others, without any good effect. Ice-water was tried in one case from the beginning, and was very comfortable and soothing to the patient, but was of no avail." Which latter clause means that though the ice-water soothed and comforted the child, yet it died. And this he thinks was a trial of the ice-treatment. What could he expect from a cloth dipped in ice-water and applied around the neck once in half an hour, as it probably was? In one minute it would be warm, and would need to be changed. Indeed, nothing but the *constant application of the ice itself* would be sufficient in a severe case. He also says,—

"In one of those congestive cases where delirium was present, the cold head-douche relieved the delirium, but the child died afterwards, of croup."

What an important gain, that by the cold douche he had relieved the brain! If then he had remembered what I have so often asserted, that as soon as the brain is relieved the throat-symptoms will manifest themselves more rapidly than before, and had applied ice externally to the neck and internally to the fauces, he would have stayed the inflammation, and have prevented extension to the windpipe. He further adds that

"Dr. A. K. Seem used the cold-water douche in two cases with success, where he believed any other treatment would have failed." And Dr. Seip, of Bath, informed him that "he cured two cases with ice, that would have terminated fatally under the ordinary remedies."

Valuable testimony in favor of the cold treatment.

Philadelphia.—Dr. Benjamin Lee says,—

"Scarlet fever prevailed to a greater extent than during any year since 1861, and was of a grave character, and, what is very unusual, was quite severe during all the intense heat of summer."

There were nine hundred and fifty-six deaths, and yet he makes not the slightest allusion to the treatment, which I deeply regret, as Dr. Lee himself is well qualified to speak on the subject, and the other physicians who had those cases under care are many of them among the most eminent men of the great city so renowned for its medical colleges. To them we have a right to look for practical medical instruction.

Schuylkill county.—Dr. Thompson says,—

"It is matter of regret that the mode of treatment adopted by physicians in the county could not be reported with its attending success. The fact is a lamentable one that what is styled the *usual treatment* is manifestly of an empirical character, apparently having no influence on the disease."

He then details the symptoms of a very severe case in which "the condition of the patient was alarming and danger of suffocation appeared imminent." He resolved to try the ice-treatment, of which trial he thus speaks:

"The ice was applied internally and externally as nearly after the plan of Dr. Corson as possible. On the morning visit I found the patient breathing much more easily, but with little or no improvement in the condition of the fauces. She complained of discomfort from the water dripping on the chest, but none from the ice on the throat, and expressed no desire to discontinue its use. *The relief experienced from the first was great.* The patient afterwards informed me that she thought she would have suffocated had not relief been obtained when I first saw her. The ice was applied without intermission until the symptoms were relieved."

The chlorate of potash was used, and once the throat was touched with nitrate of silver. He adds,—

"The relief from the ice was immediate and continuous. The patient convalesced finely, with no sequelæ."

Testimony like this, even if it stood alone, ought to warrant a trial of this treatment, when, at least, the old treatment is powerless to save.

Dr. McKibbin, of the same county, has given a detailed account of treatment of an epidemic of scarlet fever not of a severe type, which seems a mixture of the old or usual practice with the cold drinks, milk, and ice-cream of the new. "In two severe cases emetics of alum three or four times daily were very useful. Externally, lard and sweet oil to the neck, with flaxseed poultice if the swelling be extensive; also inunction of lard to the body;" but he has "long since abandoned the probang with its heavy charges, as well as the solid stick of nitrate of silver," and is "very indifferent about the use of gargles." In conclusion, he says,—

"With this simple treatment my success has been so great, compared with my former efforts in the disease, as to astonish and delight me."

When we call attention to the fact that the disease was not of a severe type, we can readily account for whatever success he had. I have thus passed in review the plans of treatment, and if I have sometimes criticised with severity the treatment adopted by some of the reporters, I beg of them to attribute it to no unkind feeling, no disrespect for their abilities, but to a perfect loathing of the old, heating, gargling, poulticing, blistering, greasing, routine system, applied indiscriminately to the grave as well as to the mild cases, and which in the latter has hastened the death of thousands.

ON THE IMPORTANCE OF AFFORDING SUPPORT TO THE CORNEA IN WOUNDS, ETC.

BY CHARLES B. NANCREDE, M.D.,

Assistant-Surgeon to the Protestant Episcopal Hospital; Assistant to the Eye-Department of the Philadelphia Dispensary, etc.

I WOULD preface these remarks by stating that they are, of course, not intended for the instruction of those who devote themselves professedly to ophthalmic surgery, but for the busy general practitioner, who is frequently the first to see the traumatic cases, and who has neither the opportunity nor the time to study up the newest and best methods of treating such injuries. To such a one, a short journal article, which he can spare the time to read, may prove instructive, and it may, I trust, be the means of saving some eyes.

That I am not exaggerating the sad results caused either by want of treatment, or, still worse, by the use of unscientific measures, any one who has had even a limited experience in eye-trouble will bear me out. These evils have been very forcibly impressed upon my mind by a number of cases that I have seen lately, either under my own charge, or at some one of the several eye-clinics with which I am connected. For instance, I have seen an extensive wound of the cornea, either side of which was at least 1.5‴ in extent, which, according to the statements of the friends of the patient,—and, from the treatment which had been pursued by the family physician, they must have been correct,—had not been recog-

nized, or, if it had, had not been thought worthy of anything beyond a simple collyrium. I recall another instance, where an extensive central corneal perforation was permitted to run its course without any treatment addressed to the perforation itself, until, when seen, operative interference only availed. Again I call to mind another, where, perforation impending, proper treatment was resorted to with the most satisfactory results; but, owing to the refractoriness of the patient, the treatment was discontinued, upon which the cornea rapidly gave way.

This last case will represent the course of many others which timely interference would have saved from the evils of perforation.

To these cases might be added many more; but enough has been said to show the importance of what I am urging,—a correct method of treatment. In addition to the practical ignorance of the proper means of avoiding the evils consequent upon the injuries under consideration, I am surprised to see how the subject is neglected in articles on the eye, in nearly all the recent works on general surgery.

Before indicating the proper method of treatment, let us examine nature's mode of repair in penetrating wounds or in perforating ulcers,—their results being identical. The first effect of any opening into the anterior chamber is, of course, the escape of the aqueous humor, which generally washes the iris into or against the wound. The crystalline lens, likewise, must necessarily come in contact with the cornea in every case where there is any extensive loss of aqueous, and is thus exposed to great risk of more or less loss of function from being coated with the effused lymph. From the evacuation of so much of its contents, the eyeball partially collapses, thus permitting the edges of the opening to come into contact by the flattening of the convex cornea.

Now, it may be said that this is only an evil; for the prolapsed iris, strangulated by the lips of the wound, produces by the irritation propagated inwards an increased intra-ocular tension; this tension only aggravating the prolapse. This is too true; but in another class of cases the result is far different. Thus, when the perforation is small, the iris, merely falling against the cornea, becomes coated with lymph and blocks up the opening, thus preventing the escape of the aqueous humor, and re-establishing the anterior chamber. This is what nature aims at.

In many cases the re-accumulation of the aqueous humor tears loose the iris, leaving the opening closed by the lymph only. Again, this restoration of the anterior chamber may only stretch the adhesions, leaving the pupil almost intact. A worse result is when the pupillary margin is included in the prolapse, and all access of light to the interior of the eye prevented. When the iris is not strangulated, nor irritated by exposure to the atmosphere and the contact of the lids, there is but little increased tension.

We thus see that nature endeavors to effect two things: first, to restore the anterior chamber, and thus keep the crystalline lens away from the cornea, where its capsule would become coated with lymph, causing one form of cataract; and, secondly, to prevent the admission of air, and cause the coaptation of the wound by the flattening of the cornea. The only possible means by which this can be effected is, as we have seen, by the prolapsed iris acting as a plug to stop the opening until sufficient lymph can be exuded and kept in the proper position to fill the gap. Unless this preliminary plugging takes place, the lymph will be washed away as it is exuded, and a fistula would result, as we so often see in salivary and lachrymal fistulæ.

Having seen how nature works in effecting a cure, what indications do we observe to guide *our* efforts in aiding her? Clearly, first, to afford some artificial support to take the place of the destroyed portion of cornea. Secondly, to decrease the intra-ocular tension, the tendency of which is to increase the prolapsus, and, by keeping the edges of the orifice apart, to prevent union from taking place. Thirdly, to keep the edges of the opening as nearly in contact as is possible.

I need only refer to the results of treatment to prove the importance of fulfilling the first indication. This indication likewise obtains as a prophylactic measure when perforation is imminent. The necessity of acting upon the second indication will readily be seen by observing the effects of straining in hernia, which aggravates the protrusion by producing increased abdominal tension. The value of the third needs no explanation, as it is a cardinal point in all surgery to coaptate wounds.

How these indications shall best be fulfilled it will now be my effort to explain. Again let us look to nature as our best instructor in this as in so many other instances. In all injuries of the cornea, more or less photophobia exists, causing a violent spasm of the orbicular muscle, and thus pressing the lids firmly against the ball. This may seem, at first sight, only an effort to exclude the light which irritates the retina, rendered hyperæsthetic by the reflected irritation of the ciliary nerves; but I think we are all too apt to take a superficial view of nature's action in disease, and thus to overlook her efforts to limit injury, from which we may often deduce valuable therapeutic indications. To me this spasm of the lids seems also an effort to afford a support to take the place of the destroyed portion of cornea, and without which the protrusion of the iris would occur with much more facility than it does. This is not the explanation of photophobia in all cases of disease where it exists, but I think that it obtains here. Still, nature's effort does not suffice; for the lids are yielding, only restraining in part the protrusion: so that we must supplement her by the use of the pressure-bandage.

When there is much discharge, we should first place a piece of linen, slightly greased, over the closed lids, as otherwise there will be difficulty in removing the dressing. Generally, we may omit this. The best material for the compress is fine charpie, or raw cotton when that cannot be obtained; for the bandage, a flannel roller, one and a half inches wide, and about three and a half yards in length, although an ordinary cotton one will do. The orbit must first be carefully packed with charpie, especially in the

hollows at the inner side of the eyeball, and beneath the supra-orbital ridge, until the padding is nearly at the same level as in the centre. The pressure should be quite uniform, and so exerted as to gently stretch the lids laterally, thus rendering the eye fixed. The bandage should then be applied in one of two ways. We may place the initial end of the roller midway between the jaw and the ear of the affected side, carry it obliquely over the compress to the back of the head, and thence to the starting-point, making gentle pressure; take a second turn, ascending more vertically, exerting firm compression, and, finally, use a third, not drawn too tightly, ending, if we see fit, with a circular around the temples to secure the whole. This is according to Von Graefe's directions. Another bandage, and the easiest one to apply, is as follows: Make a circular turn around the temples to secure the end, then descend obliquely across the back of the head beneath the ear of the affected side, thence across the cheek to the eye, making gentle pressure upon the compress, until the forehead is reached, when a reverse should be made. A circular turn should now be taken to secure the oblique one, and the previous turns repeated till two or more have been made over the compress. Care should be taken not to draw the circular turns too tightly, as doing so will increase the pressure of the oblique ones. Of course, in the case of the left eye, we must make the circular turns from left to right, so as to bring the obliques under the left ear, and *vice versâ* for the right eye. By this bandage, the first and third indications are fulfilled; for it affords an artificial support to take the place of the injured portion of cornea, and it also coaptates the edges of the orifice. In atropine we find the means of fulfilling the second; for it decidedly lessens the intra-ocular tension. Besides this, it exerts a powerful sedative effect upon the inflammation, and, by dilating the pupil, drags the iris away from the cornea. The strength of the solution used should be from gr. j to grs. ijss, aquæ f℥j, carefully instilled into the eye, upon the average, three times daily, care being taken to let none enter the mouth or nose. For infants and young children, a still weaker solution than either named above had better be tried at first, to ascertain the susceptibility of the patient, since I have known intense flushing of the whole surface, dizziness, etc., from the use of the strong solutions.

By the use of these two simple measures I have seen the most extensive wounds and perforating ulcers with large hernial protrusions heal, leaving, comparatively speaking, no deformity. For instance, the triangular flap-wound of the cornea, before referred to, although gaping and irregular when first seen, healed with hardly any perceptible alteration of the corneal curvature, and with no serious inflammatory consequences. In another case, not before cited, where there was a rupture at the sclero-corneal junction, extending into the sclerotic, of about 4‴ in extent, after the removal of a small portion of prolapsed iris the wound healed, so that had it not been for the different color of the cicatrix the scar would not have been noticed. I have likewise seen this treatment rapidly reduce extensive prolapse of the iris occurring as a sequel of gonorrhœal ophthalmia. What I would call attention to in this last case is, that the bandage was used soon after the sloughing had taken place, and before all the chemosis of the conjunctiva had passed away.

I think that many practitioners would have hesitated to increase the pressure on the sloughing cornea, since, in some forms of ulceration, dividing the external canthus to lessen the pressure has been recommended; but the sequel proved that I was right, since sufficient clear cornea was saved to have permitted an artificial pupil to be formed had the patient desired it. Of course, I do not maintain that all wounds and perforations will result as successfully as in the cases cited, for they have been chosen to show what is sometimes effected; but I do say that many a case of staphyloma corneæ necessitating removal of the eye, and many of the extensive central opacities with destruction of the pupillary opening, would have been avoided or lessened by the timely use of the treatment detailed above. As a prophylactic measure it is invaluable, by preventing perforation in ulcerations of the cornea, also when this *has* taken place, and in wounds, in preventing the protrusion of the iris. Wounds of the cornea are not uncommon; for almost every general practitioner sees them occasionally, and perforations are still more frequent, although often unobserved. It is not very unusual to see the cornea give way in phlyctenular ophthalmia, one of our commonest forms of eye-trouble, and is *the* sequel of gonorrhœal ophthalmia and ophthalmia neonatorum, both of which latter every physician will be called upon to treat.

In conclusion, I would urge most strongly the importance of really *seeing* the cornea in all the "sore eyes" of children where there is much photophobia, as there is then, probably, some corneal affection; and, if perforation has taken place or threatens, the use of the treatment recommended in this paper.

RUPTURE OF THE BICEPS FLEXOR CUBITI.

BY SAMUEL ASHHURST, M.D.,
of Philadelphia.

THE following case possessed considerable interest for me at the time of its occurrence, and from its rarity seems worthy of going upon record.

I. S., aged 35 years, was admitted into the Episcopal Hospital, Philadelphia, July 26, 1871, suffering from a scalp-wound. He could give no very clear account of the manner in which he had been injured, merely stating that he was thrown from his wagon while driving, but did not think he had been run over. The scalp-wound was dressed, and he was put to bed. The next morning (July 27) he complained of much soreness in his left arm, when, upon examination, a rupture of the belly of the biceps was at once apparent. On the anterior aspect of the arm there was a depression an inch and a half wide, into which the skin and subcutaneous tissues could be pressed to the depth of half

an inch, and the ends of the torn muscle could be felt as thick lumps. Handling the arm caused great pain. Flexion of the elbow could be performed partially, with difficulty and suffering. There was hardly any evidence of injury to the neighboring skin, further than slight ecchymosis, from which fact it seemed most likely that the rupture resulted from sudden and forcible muscular contraction rather than from the application of a crushing force, as at first sight supposed. Compresses were placed over the separated ends of the muscle, which were brought together by figure-of-eight turns of a bandage enclosing the whole extremity, and the limb placed in a sling.

On August 4 the bandage was removed, and, although a slight indentation in the muscular substance was apparent, the patient was able to move the elbow freely and without pain. On August 7 all tenderness had disappeared, and, the scalp-wound having united, he was discharged.

Samuel Cooper is the only one among the older English surgeons who refers to ruptured muscles, and he merely treats of rupture of the tendo Achillis. Palmer * says that rupture of the triceps extensor cubiti sometimes occurs; but he does not mention the biceps, though the object of his remark is to correct the statement made by Mr. Hunter, that the tendo Achillis is the only one liable to the injury under consideration. Druitt says that rupture of the biceps occurs, but gives no case; and Erichsen, treating of ruptured muscles in general, does not mention the biceps. Mr. South † reports a case which occurred in his own practice, in which a tear of the biceps took place near its lower tendon from contraction of its own fibres; but, having failed to take notes of the case at the time, he does not give many particulars. Dr. J. Mason Warren, in his "Surgical Observations," relates three cases in which the quadriceps extensor femoris was either partially or entirely torn near its tendon of insertion; but a life of active and extended practice, of which his book is the record, apparently failed to furnish such a case as I record above. Mr. Tatum ‡ gives a pretty full account of torn muscles and the treatment proper to adopt in such rare accidents; but among the cases cited by him there is none of ruptured biceps.

Boyer § says that most authors speak of muscular ruptures as possible, without giving any cases, and that we must therefore regard the accident as very rare. He gives two cases himself, neither of which, however, was of the biceps. Vidal ‖ speaks at some length of muscular rupture, but does not refer to the biceps.

In fact, the literature of the subject is extremely meagre, one or two cases being all that any one systematic treatise furnishes. M. Reydellet ¶ gives the largest number of cases I have found together; but of the eight cases quoted by him from various sources, in none was the biceps the injured muscle. A paper by J. Sédillot upon ruptured muscles is quoted by Gross, Erichsen, Tatum, and the French surgeons generally, but I have been unable to find the original article. In the *Journal Général* for July, 1817, Sédillot gives an abstract of his memoir, with Baron Percy's report upon it to the Academy; but, as no cases are given, I cannot say whether an instance of ruptured biceps was among those collected by him.

My case did not present all the symptoms enumerated by authors, the ecchymosis having been less and the recovery more rapid than I should have expected by the descriptions given. That the accident is a rare one is sufficiently proved by the fact that the solitary case I have been able to find, after a somewhat extended search, is the one quoted by South from memory. While rupture of other muscles may be serious, as in the case of ruptured psoas recorded by Boyer, which terminated in death, such an injury as I report is apparently as unimportant as it is rare, and can only be regarded in the light of a surgical curiosity.

1423 Walnut Street, November 29, 1872.

* Works of John Hunter, vol. i. p. 436.
† Chelius, System of Surgery, vol. i. p. 543.
‡ A System of Surgery,—Holmes, vol. iii. p. 523.
§ Traité des Maladies Chirurg., Tome onzième, p. 86.
‖ Path. Externe, Tome deuxième, p. 735.
¶ Dictionnaire des Sciences Médicales, article Muscle.

FRACTURE OF VAULT AND BASE OF SKULL.

BY J. H. T. KING, M.D.,
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THIS case may perhaps be worthy of record, as an example of fracture of the vault and base of the skull, without the usual symptoms of such injury.

At reveille on the morning of November 18, 1872, Private James S———, Troop F, Third U.S. Cavalry, was discovered in bed in a supposed state of intoxication, and taken to the guard-house.

At 3 P.M., being still insensible, he was conveyed to the post-hospital.

Upon examination, the following phenomena were observed.

The patient was lying perfectly comatose; integument cool, pulse slow and labored, optic nerves paralyzed, right pupil dilated, left contracted, breathing slow and deep, accompanied by that peculiar whiff at the corners of the mouth, symptomatic of compression of the brain. No odor of alcohol distinguishable.

Head carefully examined; no wound or depression whatever detected. Scalp altogether uninjured; no oozing of blood or cerebro-spinal fluid from either mouth, ears, or nose; no escape of blood into cellular tissue of orbit. A slight contusion on dorsal surface of left hand was the only one found anywhere.

All the information that could be obtained regarding the case was that this soldier, with several others, had been engaged the previous evening in a drunken fight with some civilians, at one of the wretched liquor-saloons beyond the limits of the garrison.

3 P.M.—Ordered hair to be cut short and ice applied over the head. ℞ Hydrargyri chloridi, gr. x, at once; sinapisms along the spine, hot bottles to feet, and an enema of castor oil and turpentine at once administered.

5 P.M.—Gradually becoming worse; ten grains of calomel again placed on tongue, and enema repeated.

A catheter was passed and about half a pint of normal urine drawn off.

8 P.M.—A few galvanic shocks through spine and diaphragm failed to rouse the patient in the least.

Nov. 19, 1872.—Died at 1.15 A.M.

Autopsy, nine hours after death. A well-developed, healthy subject. Rigor mortis commencing. No external marks of violence, except a slight contusion of left carpus.

On removing the brain-coverings, a large, hard clot of extravasated blood was found between the dura mater and the right parietal eminence. Weight of clot 4⅜ ounces, circular in form, and 3¾ inches in diameter. The vault of the cranium was ascertained to be fractured at this point, immediately over the clot, through its whole thickness of bone, yet the latter retained its proper level, being driven neither outwards nor inwards; the fracture was of that character usually described as a fissure, involving various bones, the principal break running perpendicularly downwards through the mastoid portion of temporal bone, to mastoid process; it also passed horizontally inwards, fracturing petrous portion of right temporal bone, transversely, at the eminence of the superior semicircular canal. This fissure crossed the grooves for posterior branches of the middle meningeal artery, and had torn these vessels, thus giving rise to extensive hemorrhage, and forming the clot.

The dura mater was much congested throughout.

Weight of encephalon 52½ ounces. Brain-membranes very vascular; no laceration of their substance.

Externally, corresponding to the fracture of right parietal bone, there was slight ecchymosis of sub-integumentary tissues of scalp, but no tumefaction or other pathognomonic sign of such a serious lesion. This was visible only on the internal surface of the pericranium.

Heart, lungs, liver, and abdominal viscera normal.

The cranial bones were ascertained to be very thin: indeed, at the seat of fracture only one-eighth of an inch in thickness.

This thinness of the bones has frequently been alluded to by surgical writers in medico-legal investigations; it is obviously a matter of important consideration. In the *Medical Times and Gazette*, London, October 26, 1872, R. Eaton Power, L.R.C.P., London, makes the following observations on a case where the calvarium was in this condition, and, as his remarks seem very apropos to this subject, I venture here to repeat them:

"A very slight blow indeed on the top of the head would have killed this man, entailing, perhaps, as the case might be, a verdict of murder or homicide, whereas the amount of force exerted might be such that no one could anticipate a fatal result. Such an idiosyncrasy should have some weight with a jury, and, I think, conveys a lesson that, no matter how evident the cause of death (*post hoc, propter hoc*) from injury, still a post-mortem examination should not be neglected."

FORT MCPHERSON, NEB., Dec. 10, 1872.

THE DISINFECTION OF ROOMS.—Dr. George Derby, Professor of Hygiene in Harvard University, writes to the *Boston Medical and Surgical Journal* of December 5 as follows:

"Among aerial disinfectants chlorine and sulphurous acid are most useful, but neither of these gases can be added to the air of a room in sufficient amounts to destroy the specific poison of smallpox without making the air irrespirable. Organic impurities of all kinds attach themselves to moist surfaces, and sulphurous acid gas seizes with avidity upon everything holding moisture. To completely disinfect a room, including its carpets, furniture, and wall-paper, close the doors, windows, and chimney; put from one to two pounds of brimstone (according to the size of the room) in an iron pot, pour over it a little alcohol, set it on fire, and leave the room for four hours. This process is injurious to the colors of many fabrics, and to gilded articles, and this injury corresponds in degree with the amount of moisture present in the room.

"When disinfection by sulphur fumes is impracticable, the next best thing to do is to wet the carpet, furniture, and walls with a strong solution of carbolic acid, one part in fifty of pure acid.

"Clothing which can be washed may be disinfected by boiling in water for one hour.

"Bedding and clothing which cannot be washed may be disinfected by exposure for four hours to dry heat at a temperature of 225° to 300° Fahr. This can be done in a large 'brick oven;' but every city should have attached to its hospital for infectious diseases an oven specially arranged for the purpose."

A CASE OF VAGINAL HERNIA (*Boston Medical and Surgical Journal*, Dec. 5, 1872).—Dr. Bruyne, of Sleydinge, Belgium, reports (*Ann. et Bull. de la Soc. de Méd. de Gand*) a case of this rare form of hernia. A woman was struck on the head by a falling ladder, with sufficient force to produce temporary unconsciousness. No unusual symptom was noticed immediately after the accident, but in the course of ten days she began to experience a sensation of weight in the hypogastric region, accompanied by a bearing-down feeling in the region of the womb. A digital examination led to the discovery of a tumor of considerable magnitude, situated in the vagina. This was at first taken for a prolapsed womb, but a more careful examination showed that the tumor was not a displaced womb, nor was it caused by a prolapse of the mucous membrane of the vagina. The nature of the swelling, its resistance, the facility with which it could be replaced, and the rapidity with which it returned as soon as the hand was withdrawn, all indicated that the tumor was caused by a prolapse of the intestine into the vaginal canal. Having settled upon this diagnosis, Dr. Bruyne proceeded to reduce the hernia. For this purpose pessaries of several patterns were introduced, but without affording the desired relief. A permanent reduction was finally effected by means of the air-bag of Gariel, but to enable the patient to retain the bag it was found necessary to distend it by means of water instead of air.

MOVABLE KIDNEYS (*Med. Times and Gazette*, Sept. 21, 1872).—Dr. Jago, in 1858, reported in the same journal "two cases of supposed movable kidney." To ascertain how far his diagnosis that these movable abdominal bodies were harmless might be justified by the future, he has recently made inquiries about the patients. The first rejoined her husband in Australia several years after the above date, and it is not improbable that she is still living. The other, though still carrying the "tumor," was, a few months since, in wonderful health and spirits, and almost oblivious of the movable body whose presence she had herself detected twenty-three years ago, and which at that time caused her much mental distress.

Dr. Jago, in his recent report, relates two more cases of this anomaly. "To sum up," he says, "the four examples of movable kidney I have met with: All the patients were women, and the organ always the right. The first case was complicated by excoriated os uteri and irritability of the bladder, which was exaggerated by pushing the kidney downwards; the third with menorrhagia and leucorrhœa. There were signs, symptoms, or history which raised the question of malignant disease in the first, second, and fourth cases. The second and fourth cases were victims of hysteria."

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

ANOTHER STATE INSANE HOSPITAL FOR PENNSYLVANIA.

WE have before us a memorial to the Legislature of this State, prepared by a committee of the State Medical Society, and signed by them, in favor of the erection of a new public hospital for the accommodation of the insane of Erie, Crawford, Mercer, Venango, Warren, McKean, Elk, Forrest, Cameron, and Clarion counties. The names appended to this memorial—John Curwen, James Ross, J. L. Stewart, F. F. Davis, and W. Varian—are a sufficient guarantee of the soundness of the object aimed at, which has also the endorsement, by formal vote, of the Board of Public Charities.

Some of the arguments in this paper are so cogent, and the facts adduced in their support so striking, in an economic point of view, that we feel called upon to place them before our readers:

"No accurate census of the insane has ever been taken in Pennsylvania, the number in the United States census of 1870 requiring correction in some important particulars; but assuming the number there given as the actual number, there will be 3895, or a proportion of one to every nine hundred and four of the population.

"The hospital provision in Pennsylvania, including those in the different almshouses in the counties where really they receive no treatment, is 2825, leaving over one thousand entirely unprovided for. What the accommodations for the insane in the county almshouses are can readily be ascertained from the report for 1871 of the Board of Public Charities; they have no medical treatment, except in case of some intercurrent bodily disease, and no means of proper exercise and recreation, and yet many recent cases are taken to those institutions and kept there, and in the great majority of cases without any effort being made to give them the benefit of medical treatment, and as a consequence they are soon added to the already large number of chronic insane requiring to be supported by the public. . . . . .

"It is a fact established by universal experience that the majority of the insane in any given hospital are derived from the section of country more immediately adjacent to that hospital, so that it may be regarded almost as an axiom, that a hospital should be placed as near as may be, convenience of access and supplies considered, to the centre of population of the district it is designed to accommodate. In the ten counties named above, the population, by the last United States census, was 303,731, which in the proportion stated above of one to every nine hundred and four of the population will give 336 insane now in the district to be provided for.

"But it has also been clearly established, by careful calculations of the admissions in existing institutions, that one in 1690 of the population becomes insane in each and every year, so that in the same population there will be within a fraction of 180 who will become insane in that district in each year, and who will need medical care and treatment. If that number have the requisite hygienic and medical treatment in the earliest stages of the disease, 144 will in all probability be restored, while 36 will remain insane or die. . . . . .

"Every person becoming insane deducts so much from the producing power of the community, and is to that extent an incumbrance or mortgage on the property and income of the Commonwealth, or some of its parts, collectively or individually, to the extent of the cost of his or her support so long as the insanity shall continue. The individual's estate pays, if it can; but, if not, the public must, for the body politic is the bondsman for every one in sickness and poverty to pay what he cannot. . . . . .

"The cost of keeping an insane person at home, in a poor-house or a jail, is not less than three dollars a week on the average, and this must be multiplied by as many weeks as the insanity shall continue. The average duration of life of an insane person, not cured, attacked between twenty and thirty, is 21.31 years; attacked between thirty and forty, is 20.64 years; attacked between forty and fifty, is 17.65 years: that is, an insane person, when taken near twenty to thirty years old, will, if not restored, live, on an average, 1118 weeks, and will cost $3354 for his support. Those from thirty to forty when taken, will live 1073 weeks, and cost $3219; and those who are from forty to fifty when taken, will live 717 weeks, and cost $2751.

"These are sums which the people must pay; they are debts incurred the moment the man becomes in-

sane, and are a mortgage on the public property until these patients are restored. This, however, is not all the cost of insanity neglected and uncured; the Commonwealth loses all the services of these men, all that they would have earned during a sane life if they were restored. The probable longevity or average time sane men will live after twenty to thirty years is 39.12 years; after thirty to forty, 32.76 years; and after forty to fifty it is 26.06 years. Then the public must not only pay the cost of supporting an uncured insane person, when between twenty to thirty years, for 1118 weeks, but lose his earnings for 2034 weeks. The earnings, of course, will vary with person, capacity, position, and circumstances. . . . . .

"Let us next consider the cost of restoration. For those whose disease was less than one year before admission, the period of restoration has been found, on calculation of returns, to have been somewhat over five months. But if taken earlier and treated as promptly as fever, pneumonia, etc., the time required for cure is much less. The cost of this restoration, even including interest on the hospital and all other expenses in our State institutions, will not exceed five dollars a week; that is, about $130 for each insane person restored. If taken early, eighty per cent. at least can be restored, and twenty per cent. will either die or remain insane for life.

"The recent cases of insanity are always more expensive to take care of, from the greater attention required, and their disposition to destroy clothing, furniture, and fixtures. The cost of the curative experiment must include both that paid for those who are curable, and for the attempt to restore the incurable, during an average period required to determine the question of their curability,—say two years,—or for such as are restored to power, $260.

"It must, however, be remembered that this estimate of the cost allows the whole expense of the hospital to be five dollars a week for each patient. In calculating the cost of a cure, we should only include the increased expense of support for this purpose over and above what must necessarily otherwise have been incurred. Whether they cure or attempt to cure or not, the public must pay three dollars a week for the patient's support, and the curative process costs only two dollars a week in addition, and only so much then should be charged to place and means of restoration. The cost then should be stated as $104 for each one restored. Taking the English calculations of the present worth of a laboring man at twenty-five, and adding the difference of earnings in this country, an annuity equal to the excess of his earnings over the cost of his support through his probable average life, thirty-nine years, can be bought for $1800. The present worth of the cost of his support, if insane, $156 a year, through his probable insane life, twenty-one years, will be $1834. Both these are lost, equal to $3634, if the man is attacked with insanity and not restored."

We believe an apology is hardly necessary for these somewhat extended extracts, when their importance is appreciated. What is true in one county or in one section of a State is true also, perhaps with some modification, in other counties or sections, or in other States. The general drift of the argument in regard to the economy of adequate public provision for the insane is certainly of equal force everywhere. It is highly important that the medical profession should be well informed on this question, and that they should be ready to use their influence to advance plans so conducive to the general good. This they can do with far more force if their arguments are based not merely upon humanitarian but upon well-established economic grounds.

THE CHILDREN'S HOUSE AT ATLANTIC CITY, N. J.

ATTENTION was called in our columns, in August last, to this excellent charity. We have received from Mr. James S. Whitney a report, drawn up by Dr. F. D. Castle, the physician in charge, of the cases treated during the summer of 1872. It appears from this that twenty-five children were inmates of the house, and one was treated elsewhere under its auspices. Of these, twenty-three derived very marked benefit, one died, one was sent to the city in a sinking condition, and one was discharged without visible improvement.

Of the cases treated, six were of anæmia, three of coxalgia, two of cholera infantum, two of ulcers, and one each of necrosis of tibia, caries of cervical vertebræ, marasmus (died), atrophy of leg, chronic diarrhœa, articular rheumatism, equino-varus, chorea, scrofulous disease of several joints, inflammation of knee, knock-knee with partial paralysis, paralysis, and disease of spine.

Dr. Castle says, "The treatment was mainly of a hygienic character: the patients were kept as much as possible in the open air; those who were able to bear it took sea-baths; others had salt-water baths in the house. Electricity was employed in those cases in which it was indicated. Iron was found useful as a tonic in many cases; and wine, cognac, opium, and various astringent and anodyne lotions were employed in those cases which called for their use."

It is in contemplation to extend, if possible, the operations of this most beneficial charity; and we heartily commend it to those of our readers who can influence contributions of money or supplies in its behalf. Donations may be sent to James S. Whitney, Esq., 1815 Vine Street.

CORRESPONDENCE.

FREY ON THE MICROSCOPE AND MICROSCOPICAL TECHNOLOGY.

To the Editor of the Philadelphia Medical Times:

I HAVE just finished reading the notice of "Frey on the Microscope" in your last number. Though often dissatisfied with the notices of books with which I am familiar, I have never before allowed myself to take public notice of them. In this instance, however, such palpable injustice has been done to a book of such deserved reputation, that, conscious that many readers will be debarred from purchasing a volume of a kind which has been inquired for by every student of medical microscopy who has come under my notice, I have felt called upon to do what I can to correct the erroneous impressions which must obtain from its perusal.

Long familiar with the volume in the original, I have many times said that if we could have the work of Frey in English we should then have the best book, which, in its fair consideration of all matters required by the beginner, would exactly answer our demands, while all other text-books, though excellent in many respects are deficient in others. Thus, the valuable work of Carpenter furnishes a very full account of the optics of the subject, and as much of the "technik" as is necessary for mounting objects of general interest, and in the department of natural history is the most complete exposition of histology available. But in the subject of medical microscopy and animal histology and pathology it is totally deficient. So with the equally valuable text-books of Beale, which, besides being somewhat unsystematic, only pretend to furnish aid to the clinical microscopist, while the subject of optics is untouched. In Frey, however, we have a sufficiently yet not too full exposition of the entire subject,—optics, "technik,"—the latter the most complete and *elementary* yet afforded us in English,—as much human histology, and nearly as much pathology as is required by the medical student and practitioner.

What I more particularly complain of in the notice are first, what may be termed "damning with faint praise," and second, including as "imperfections" and "deficiencies" what are really only omissions. Such as these are the statements with regard to instructions being couched in technical language, to the omission of any indications of the degree of amplification of histological drawings, the fact that the references are only to German instruments, the absence of any uniform standard for prices, measurements, etc., prices being given in thalers, francs, pounds, or dollars, and dimensions in millimetres, parts of a Paris line, or subdivisions of an English inch, without any attempt at reduction, and the less than scant justice done to the leading microscope dealers in Philadelphia. Again, the repetition of *four* wood-cuts in different parts of the volume is spoken of as an "ingenious and altogether economical device" to fictitiously augment a "seeming wealth of embellishment." Finally, the critic fears that "the novice who consults it as a guide in his elementary studies will often turn from its pages in disappointment and regret."

As to the indication of the degree of amplification employed, it certainly has its uses, and especially in papers containing an account of new observations, accompanied by drawings, is indispensable; but that its absence is a defect which will interfere with the utility of a text-book on the microscope no one can for a moment claim. Why a German author should be expected to make references to other than German microscopes, I cannot understand; and as to the reduction of millimetres to inches, and *vice versa*, while there is every reason that the latter should be done, I hope soon to see the day when the metric system will be that solely employed in all scientific work, and the sooner the student is familiarized with that to the exclusion of all others, the better for him and for science. Again, no one can be prouder of the Philadelphia makers and dealers than myself, but really why a professor in Zurich should take pains to make allusion to them rather than to those of any other American city, I cannot understand. I feel truly indebted to the translator for incorporating American microscopes in the price-list, and think it natural that he should indicate prices in the currency of the country in which the instruments are made; they generally have to be paid for in such currency, at any rate. Of the historical résumé of the American manufacture of lenses and stands by the translator I do not think our makers can complain. So far from the method of repeating illustrations, to the very limited extent to which it is here employed, being an "ingenious device" to augment "a seeming wealth of embellishment," it is one constantly employed by authors, and especially by Dr. Beale, greatly to the convenience of readers, who would otherwise be compelled to turn over many pages to compare a cut, when in this manner they have it on the same page with the text, and if 4 are subtracted from 343 it certainly does not so much detract from a "seeming wealth of embellishment" as to make it worthy of criticism. Moreover, the letter-press is not altered except in the case of Figs. 211 and 248, where the change is so slight as to make no practical difference. As to "technical language" which cannot be understood, I have looked in vain for it, and, so far from believing the novice will turn from its pages with "disappointment and regret," I believe he needs but to compare it with any book extant on the subject to be satisfied of its superiority as an elementary treatise.

The addition of Fenwick's method of detecting elastic tissue of the lung in sputum in cases of phthisis, and of drawings illustrating parasitic skin-diseases, would greatly add to the utility of the volume, and their absence may indeed be looked upon as defects, which should be corrected in a new edition.

JUSTICE.

Dec. 14, 1872.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dr. D. H. Agnew, President, in the chair.

A CONVERSATIONAL meeting was held November 27, 1872, at 8 o'clock P.M.

Dr. Dougherty, of Maryland, made the following remarks on a case which had recently come under his care:

Mr. D., aged 27 years, was taken with a violent pain and swelling in the scrotum, upon or about the 7th of October last. A few days after this, a calculus, a little smaller than an ordinary plum-seed, was extracted by means of the spoon point of a probe director from the urethra near the glans penis. The swelling of the scrotum continued to increase until the 13th of October, when he first saw him. During this time he passed urine with difficulty, but no examination of the urethra was made. On the 14th of October sloughing of the right side of the scrotum began to show itself. The sac was then opened, which discharged a small quantity of serum; this was undoubtedly urine that had escaped from a fistulous opening in the bulbous portion of the urethra. This was followed with some relief. On the morning of the 16th Dr. D. saw the patient in company with Dr. C. H. Ohr, and his attending physician, Dr. P. A. Healy. An attempt was made to pass the catheter, but the canal was found to be closed by another stone. It was then determined to remove the calculus by making an external incision, the obstruction being apparently anterior to the bulbous portion of the urethra. The patient was first placed under the influence of chloroform. An incision was made on the right side of the scrotum close to the median line, opening into the urethra upon a grooved director. A free discharge of thick, dark, very offensive pus followed the incision. After the largest stone had been extracted, the smallest was discovered and taken out. An attempt being now made to pass the catheter, still another stone was discovered impacted in the prostatic portion of the canal. It was found impossible to remove this until the index finger of the left hand was introduced, and the sac containing the stone enlarged by cutting with a sharp-pointed bistoury. This patient has convalesced very rapidly, the sloughing wound and fistulous openings being all well closed.

When he was seven years of age he suffered with total inability to void his urine for a period of forty-eight hours. His attending physician passed a catheter without discovering any stone. On this occasion the urine was ejected in a stream, as the patient expresses it, "as high as the ceiling, probably ten feet." When he was twelve or thirteen years of age, he fell astride of the stern-post of a boat, inflicting a bruise in the perineum, producing severe pain and swelling in the urethra. He could always pass his urine in a good stream. The only difference he noticed between himself and other persons was, "that it took him a little longer time, and towards the latter part of the performance the urine dribbled from him." He is a married man and the father of two children. The ejaculation of semen has always taken place without any impediment.

Dr. Washington L. Atlee emphasized the fact that, in the case mentioned by Dr. Dougherty, the man was married and the father of two children; one stone was impacted in the prostatic portion of the urethra closing up the outlet of the vesiculæ seminales, and the other two were in front of this, occupying the membranous portion. He could understand how the urine might be readily ejected through an extensible urethra by means of the muscular power of the bladder and abdominal walls, but ejaculation would be imperfect. His wife was eight months pregnant at the time of the operation, and his child was two years of age.

Dr. Benjamin Lee referred to a case, suggested by the topic of difficult micturition, which occurred in a little patient suffering from spinal caries. The child was of a strumous diathesis, if indeed she were not the subject, as he had some reason to suspect, of vaccinal syphilis. Being summoned in great haste, he found her writhing on the floor in extreme agony. The paroxysm had been induced by the attempt to pass water, and had been preceded by others equally violent. On examining the external genitals, a tumor half the size of a filbert was observed just above the meatus urinarius. Being white at one point, it was supposed to be an abscess, but it gave no sense of fluctuation, and on more careful examination proved to contain a mass of sebaceous matter of almost cretaceous hardness, as large as a pea, collected beneath the preputium clitoridis. With some little difficulty, owing to its adhesion to the inner surface of the prepuce, it was turned out with the scoop end of a grooved director, and after a few moments the child was able to urinate freely. The pressure of this concretion had evidently produced a complete occlusion of the meatus. About six months later she had a similar attack, which was relieved by the same measure. He had never seen a case reported in any treatise on children's diseases exactly similar, and was desirous to know whether any of the members had met with this condition.

Dr. H. H. Smith, whilst waiting for the hour of the special meeting, suggested that it might prove useful and interesting to hear the views of the members present in reference to a subject in which every one had felt an interest, if only from the inconvenience it had caused them by the additional daily labor of walking instead of driving to visit their patients. He thought physicians might advantageously give more attention to the diseases of the lower order of animals with benefit to the community and the relief of a part of creation on which depended so much of our comfort and pleasure. He had recently had the opportunity of inspecting many of the cases of the so-called "horse disease," and he had been much impressed by the culpable ignorance manifested by those who pretended to be skilful veterinary surgeons. From the observation of some eighty cases, Dr. Smith thought the disease was a blood disorder, dependent probably on sporules or germs floating in the atmosphere, which being inhaled produced first irritation and inflammation of the Schneiderian membrane, accompanied by serous, mucous, purulent, and at length by sanious discharge from the nostrils, followed by sympathetic irritation of the cervical lymphatic glands, then by enlarged tonsils and difficulty of swallowing, and by inflammation of the larynx and trachea, which in from fifteen to twenty-one days was liable to be followed by pneumonic or pleuritic effusion. Auscultation in bad cases showed marked hepatization of the lungs.

As the disorder progressed, the circulation showed marked symptoms of disorder, being at first languid, then febrile, then extremely depressed; death was preceded by serous infiltration of the connective tissue in various parts of the body, as well as by ecchymoses and bloody effusions beneath the skin and mucous membranes. In several instances these ecchymoses resembled those of scurvy, and were visible in the nostrils, lips, gums, and eyelids, as well as in blotches that could be felt though not seen, except as swellings or so-called "farcy buds" under the skin. Punctures in the swollen limbs gave exit to a large amount of serum tinged with bile. The bowels were generally constipated, though in two cases colliquative diarrhœa was present and proved rapidly fatal. In bad cases

the typhoid symptoms soon became marked, and prostration rapidly supervened on exercise. In many respects there seemed to be a resemblance to malignant or well-marked diphtheria in the human being.

Dr. Smith had not prescribed for any horse except his own and those of one or two friends, but had simply observed the cases in the practice of the veterinary practitioners. From this he was satisfied that the great point in the treatment was abundance of fresh air, warm clothing, with frictions, stimulation of skin, bandaging of the extremities, drachm doses of sweet spirits of nitre in water twice or three times a day, and light but highly nutritious food, as ground and scalded barley, scalded oats and bran; and when deglutition was difficult, oatmeal gruel or thick barley-water. When the pulse rose from 80 to 100 (the normal equine pulse averaging 35 to 45, and best felt in the facial artery as it passes over the lower jaw in front of the masseter muscle), the administration of stimulants, as a half-pint of whiskey in three quarts of gruel or barley-water.

Dr. Smith thought it was the duty of physicians to aid the community by diffusing sound information (when demanded) in reference to the diseases of the lower orders of animals. A medical friend of his was once enabled to save a patient a serious pecuniary loss by visiting and prescribing for a number of monkeys that were sick in a menagerie and were dying of diarrhœa and exhaustion. As they were young, teething was suspected, and on giving chloroform and lancing the gums, together with the administration of mistura cretæ, many were promptly relieved.

Dr. ATKINSON said he had no confidence in the methods of treating the horse, so far as he had observed them in the recent epizoötic. He asked Dr. Smith in what doses his friend prescribed for the monkeys.

Dr. Smith said the ordinary dose of chalk mixture had been given. Much credit had been gained in the "horse disease" by homœopathic remedies, but, except as an expectant treatment in opposition to the polypharmacy of other horse practitioners, this plan had in his opinion done no good. Whilst the depression of aconite, belladonna, etc. was often injurious, arsenic in small doses, 3 to 5 grains, was a useful tonic; iron, gentian, and ginger were useful in convalescence.

Dr. L. K. BALDWIN stated that he had seen one case in which there was a very offensive, black discharge from the bowels of the animal during a period of twenty-four hours before his death. Some authors on veterinary practice speak of a general inflammation of the bowels attending the later stages of the disease, giving rise to the offensive discharge spoken of.

Dr. WELCH asked whether the animals had been well kept. He had heard the statement made by a gentleman from the country, that a donkey and a colt had escaped the disease while they were in the open air in the field, but when afterwards stabled they suffered.

Dr. J. R. WELLS stated that, from observation of the disease among horses in his neighborhood, he was satisfied that many if not most of the cases proved fatal in consequence of the heavy dosing they received. The following prescription—viz.: ℞ Potass. nitrat. ℥iss, Sulph. ℥iss, Antimonii et Potass. tart. ℥iss; mix, to be given three times a day—was largely used by the owners of sick horses, procured by regular prescription from the veterinary surgeon, or upon the recommendation of a neighbor, who had probably gotten it from the daily papers or in some other way.

One gentleman who had lost two horses and had been giving this prescription, by direction of a doctor, as a tonic, was somewhat surprised when informed of the effect of such doses on the system.

The most successful treatment was careful usage, good feeding, and, if medicine became really necessary, a teaspoonful of powdered nitrate of potash, with from ten to fifteen drops of the tincture of aconite root, every two hours. Dr. Wells further stated in reference to this treatment, that when recommending it to the members of a horse company at the annual meeting, one farmer informed him that so successful had these remedies proved in the pleuro-pneumonia among the cows some time since, that his neighbor, a farmer with a large dairy in Merion, Montgomery county, who had lost half his stock, upon adopting it cured every case; and so confident was he of its power over the disease, that, although he still had some sick, he bought others and filled up his dairy again, and did not lose another case after that time.

Dr. PHELPS stated that at the Schuylkill mines, horses that were brought out of the mines at night suffered from the disease. Those kept entirely within escaped. This protection was attributed to the explosion of gunpowder and gaseous emanations.

Dr. AGNEW stated that horses confined for eight months within the mines had suffered.

Dr. W. L. ATLEE said he had used his horses daily. His stable was fumigated with sulphurous acid three or four times a day. They had the disease slightly,—were late in getting it: he fed them soft feed, gave ten drops of the tincture of aconite, and one drachm of nitre three times a day, drove them moderately so as not to overheat them. He avoided wrapping up their throats with flannel or driving them with blankets, but was careful to blanket them every time he stopped

Dr. GROVE said it had occurred to his mind upon several occasions, when seeing horses having anasarca following this disease, that their urine was quite likely to contain albumen, and desired to inquire if any gentleman present had ascertained whether such is the case.

Dr. BUNN said that in one case albumen was found in large amount.

Dr. HAMILTON thought it was quite proper to spend a short time in giving expression to such views or modes of practice as might conduce to the alleviation of suffering and the safety of so noble and useful an animal as the horse. The prevalent ignorance in regard to the diseases and proper mode of treatment of domestic animals in general, is extreme; and it is in view of the improper and too often violent measures resorted to in many simple attacks of the recent epizoötic, as well as other diseases to which the horse is subject, and the senseless, inert practice pursued in the violent and dangerous cases, that we are well justified in the casual introduction of this subject upon the present occasion.

Rationally to treat the disease of an irrational animal is no easy task; yet precisely the contrary view is that which generally prevails even with the veterinary surgeon. If, in addition to the inherent difficulties pertaining to the cases under consideration, we call to mind the incompetency of a very large proportion of those who profess to be skilled in and practise the veterinary art, it is manifest that in attacks of a moderate kind the animal would fare best by judicious nursing and strict attention to his natural wants. In severe and dangerous diseases requiring prompt and active treatment, he believed it too often happened that the horse was lost from timidity in the adoption and delay in the employment of measures sufficiently active to meet the emergency of the case.

DR. MADDEN, of Torquay, Eng., recommends, in *The Practitioner* for December, the inhalation of five-drop doses of nitrate of amyl for the relief of angina pectoris. He used it with success in his own person.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY, DECEMBER 12, 1872.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. CHARLES B. NANCREDE presented a piece, three-quarters of an inch long, of a carpet-needle, which he had removed from the os calcis of a boy nine years old, who had applied at the Episcopal Hospital for treatment. The bit of needle was imbedded in almost its entire length.

There was no formation of callus, nor, indeed, any evidence whatever of inflammation or even of irritation. Dr. Nancrede thought this interesting in connection with the suggestions with regard to the treatment of ununited fracture in which the perforation of the ends of the bone with pins and points of ivory was employed with a view to excite inflammation and the consequent formation of callus.

Dr. SAMUEL ASHHURST related a case which had recently come under his observation, in which a piece of glass half an inch long by one inch wide had entered the thigh over the tuberosity of the ischium four years and nine months before he removed it below the line of Poupart's ligament, coming through the adductor magnus muscle.

Dr. JAMES TYSON presented a specimen of *abscess of the liver* after *chronic dysentery*, with *extensive ulceration of the large intestine*, and a specimen of *horse-shoe kidney*, from the same patient, a woman aged forty-eight, who was admitted to the Philadelphia Hospital, December 6, in collapse, and died two days after admission. No history was obtained.

The liver was the seat of two large abscesses; one was in the superior portion of the right lobe, and a second was near the inferior surface of the left. There was also peritonitis.

Dr. Tyson also exhibited the *smooth white kidneys*, weighing jointly twenty-two and a half ounces, from a case of so-called chronic catarrhal nephritis.

Dr. J. EWING MEARS exhibited a *scapula* which had attached to its inferior angle and part of its posterior surface a large mass of supposed calcareous formation. The bone was found in an ancient sepulchral cave in Kona, Hawaii, S. I., by Dr. J. M. Whitney (dentist), and presented by him to the Pennsylvania College of Dental Surgery.

Dr. H. ALLEN read the report of the committee to whom was referred the section of femur from a case of rheumatoid arthritis, presented to the Society by Dr. H. C. Wood.

The specimen examined comprised a transverse section of about an inch in length of the upper third of the shaft of the left femur. In the thickness of the wall of the medullary space, in the periosteal markings, it presented a normal appearance. The position for the medullary canal, however, was found occupied by an abundant cancelli, the minute character of which did not depart from the typical condition found in the osseous system in health. The committee's examination of specimens in osteology has been unsuccessful in finding any similar appearance. In the absence of evidence educed by study of the medulla, the committee would consider the specimen as instancing a variation in the form of the medullary space of the femur within the limits of health.

No medical evidence appears to have been called for on the second trial of Stokes in New York; at least none is mentioned in the newspapers.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SEMI-MONTHLY MEETING, DEC. 17, 1872.

Reported by JAMES S. BAILEY, M D.

DR. ALBERT VAN DERVEER, PRESIDENT, in the chair.

THE President announced the death of Dr. John F. Crounse, and on motion the following were appointed a committee to prepare suitable resolutions: Drs. James S. Bailey, Joseph Lewi, and John M. Bigelow.

Dr. JOHN V. P. QUACKENBUSH read a paper on *hydrorrhœa*. Having defined the term as one applied to discharges of water occurring during the latter months of pregnancy which are not preceded or followed by uterine contractions, and which do not interfere with gestation, he proceeded to give the views which various authors entertain as to its nature.

The opinions as to the nature and seat of the *false waters* have been diverse. Boehmer supposed that they were contained between the chorion and the amnion; Mauriceau, that they came from the interior of the amnion; others, that it is an œdematous condition of the womb. Carl Braun, of Vienna, has designated two kinds of fluid accumulations: first, between the chorion and uterine walls; second, between the chorion and the amnion: to the former he has applied the term *hydrometra ascitica*.

The report of Prof. Doughty, of Augusta Medical College, Ga., was also considered. He speaks of a discharge from the vagina which appeared without cause in a patient in the fifth month of her fifth pregnancy. The discharge was abundant and unattended with pain. Rest and the recumbent position were advised, and the patient was cautioned against imprudence for fear of a miscarriage. The leakage continued, and became more copious at night when in the horizontal position than when walking about. In the seventh month of pregnancy she was seized in labor and delivered of a still-born child, the bag of waters not forming as usual, but being what is usually termed a dry labor. There proved to be present another child, and with this the labor was normal and there was a large accumulation of amniotic fluid. Dr. Quackenbush claimed from the history that this was not a case of hydrorrhœa, but a rupture of the membranes high up, which was evident from the escape of the water more freely while she was in the recumbent position. He then related a case as coming under hisown observation, which was as follows:

Mrs. B., in the seventh month of her fifth pregnancy, while walking in the street, felt a sudden gush of water, which she supposed to be from a rupture of the membranes. Upon advancing a step and on looking where she had stood, the walk was quite wet. She hastened home and sent for Dr. Quackenbush, who, upon careful examination, found no symptoms of labor. Rest was enjoined. She went on to full term, and was delivered naturally, the bag of waters forming as usual.

He stated that he had found on the fœtal surface of a placenta an accumulation of fluid resembling a cyst, due probably to a lack of transudation.

The same has been observed by Dr. James Whittaker. Dr. Quackenbush is of the opinion that this is the source of hydrorrhœa. The fluid continues to accumulate until the cyst reaches the edge of the placenta, when, from lack of support, it ruptures, and the fluid escapes between the chorion and uterine walls.

The views of Carl Braun that the fluid accumulated between the chorion and uterine walls he considered untenable, because of the lack of secreting surface or tissue, the placenta being the only source of the fluid. The *false waters* are of the same nature as the am-

niotic liquor. Specimens of perfect placentas were presented to illustrate his views.

A vote of thanks was offered to Dr. QUACKENBUSH for his instructive paper.

Dr. WILLIAM H. BAILEY moved that it be transmitted to the State Medical Society as a communication from the County Society. Carried.

Dr. SWINBURNE inquired whether liquor amnii was replaced after being discharged. Dr. QUACKENBUSH thought it impossible.

GLEANINGS FROM OUR EXCHANGES.

LOSTORFER'S SYPHILITIC CORPUSCLES.—[The great importance of this subject, and the attention which it has recently attracted, seem to warrant us in laying before our readers the following extracts from an article by Dr. F. B. Greenough, in the *Boston Medical and Surgical Journal* for Dec. 12.—ED.]

At the meeting of the Gesellschaft der Aerzte, held at Vienna on Jan. 29, 1872, Dr. Adolf Lostorfer stated that he had discovered a means by which blood coming from syphilitic persons could be distinguished from that of persons not affected with that disease. He had received from Dr. Stricker several specimens of blood, on microscopic slides, part of which were from syphilitic and part from healthy persons, and on the third, fourth, or at latest the sixth day, he had given the results of his examination, which with the exception of some cases where the specimen was in a condition to preclude any satisfactory examination, his diagnosis tallied with the record which had been kept of the sources from whence the blood came. A similar test to which he was put by Hebra resulted in the same way.

He explained his method of examination, which may be briefly described as follows: A drop of blood, obtained by a prick, was placed on a glass slide, and covered with a covering-glass. It was then placed in a receptacle, so arranged as to have the atmosphere kept moist. These preparations, examined with Hartnack's No. 10 immersion object-glass, and No. 3 ocular, for the first two days showed nothing abnormal, beyond some vibrios, bacteria, and some of the earliest germs of sarcinæ, but on the fourth or fifth day small shiny bodies appeared, on some of which was seen a small process. These increased both in size and number during the next few days, when some of them were as large as a shrivelled red corpuscle. The number of processes, also, had increased, some of which had a secondary process attached to them. On the eighth to the tenth day a vacuole could be seen forming in the centre of these bodies, which increased in size until it seemed to be bounded merely by a thin layer, shown by a double line. This seemed to be the limit of development. Various reagents were added to these preparations. When tested in this way on the first day, they shrivelled up into a dark, irregular mass, whereas, when tested later, on the sixth or eighth day, although they were somewhat affected and shrunk, the effect produced on them was markedly less.

For three months he had examined blood of non-syphilitic patients, some healthy and some affected with other diseases, and as in no case, except a syphilitic one, had he found these corpuscles, he considered himself justified in calling them syphilitic corpuscles.

He then read the records of thirteen cases, from which he drew the conclusion that the presence of these corpuscles was not limited to any period of the disease, but that they were found during all stages, from the primary lesion, before the appearance of any eruption, to the latest forms of the so-called tertiary manifestations.

Dr. Stricker gave the number of preparations of syphilitic and non-syphilitic blood that had been given to Lostorfer, amounting to fifty-nine, in all of which, with the exception of one set of twelve, the diagnosis, when given, corresponded with the facts. There were, however, some in this number from which he said that he could draw no conclusions, as the preparations were not in a condition to use. In the set of twelve above mentioned, no conclusions were arrived at; the temperature at which these examinations had been made was 12° to 15° C. In all these preparations, the non-syphilitic blood was taken from apparently healthy individuals.

At the meeting of the same society, held on February 9, Prof. Wedl briefly reviewed Lostorfer's claim, and gave the results of a series of investigations he himself had been carrying on. He (Wedl) had found corpuscles in blood corresponding to those described by Lostorfer, but was convinced that they were either small fat-cells, or the remnants of broken-down white corpuscles. He accounted for the presence of fat-cells in the specimens by supposing that when the skin was pricked, either by the pressure of the instrument or by squeezing the skin to bring out the blood, the contents of the sebaceous glands in the vicinity were emptied and mixed up with the blood. That these corpuscles were really fat-cells, was still further proved to him by the fact of his having made a fine oleaginous emulsion, and finding the exact counterpart of them in it under the microscope. He also claimed that the vacuoles mentioned by Lostorfer were the result of a process of decomposition, by which carbonate of ammonia was generated, to the action of which on the fat-cells the vacuoles must be attributed. He had not found it necessary to wait for some days before being able to see these bodies, as they could be seen immediately by simply washing away with distilled water the masses of red corpuscles which, for the first few days, fill the field and obstruct the sight.

This communication was followed by a spirited debate, in which Stricker and Lostorfer endeavored to overthrow the position taken by Wedl, *i.e.*, that the corpuscles described by Lostorfer were nothing but fat-cells.

Stricker insisted that the bodies studied by Wedl and those described by Lostorfer were not the same.

A committee, consisting of Rokitansky, Reichart, Karsten, Klob, Brücke, Billroth, Von Basch, and Auspitz, was appointed to investigate the subject.

At the meeting held February 16, this committee reported that they did not consider the subject a suitable one for an official investigation, and requested to be relieved from duty.

In the second number of the fourth year of the *Archives of Dermatology and Syphilis*, Dr. Stricker published an account of his researches on this subject.

The following deductions at which he arrived are logical and well drawn.

These bodies do not exist, at least of a size appreciable by the highest magnifying power we possess, in fresh blood. They are organic in their nature, and are slowly developed at a temperature of 10° C., and probably at a still lower degree of temperature would not develop at all. In a temperature of 20° to 25° C. their development goes on quite quickly, and at blood heat still more so. When they have reached their full growth, they remain without change for some days, even if they are brought in contact with water or moisture.

With regard to the origin of these bodies he does not attempt an explanation. They must, of course, either come from the blood itself or from the air; if the former is the case, they must either spring from small

cells or sporules so minute in size as not to be appreciable by our microscopes, or else be the result of spontaneous generation. If we assume that they come from the air, we might suppose them to be of the nature of bacteria, only we should have to assume that these bodies took a form of development hitherto unknown, when planted in certain kinds of blood.

Stricker's second series of investigations were made with the view of seeing whether these bodies were, as Lostorfer claims, only found in the blood of persons having syphilis, and his deduction on this point is unequivocally no. The fact of a syphilitic patient, in whose blood they had been found in great abundance, having had a severe attack of hæmoptysis, suggested to him the possibility of these corpuscles being in some way connected with a depressed and cachectic state of the system. The result of his researches in this direction was to find them in the blood of a patient with cancer of the stomach, in large quantities in two cases of tuberculosis, in a case of Bright's disease with a cardiac complication, and in an anæmic convalescent from smallpox.

In the *Berliner Klinische Wochenschrift* appeared an article by Dr. Köbner, of Breslau, giving the result of his investigations, and the deductions derived therefrom, which differ materially from Stricker's. Space does not permit of even an abstract of his work, but the following is his result:—he claims to have found bodies in the blood after more or less time, depending on the mode of treating the preparations as regards sealing them up air-tight or not, degree of temperature in which they were kept, etc., which correspond to the corpuscles described by Lostorfer, but he found them as well in blood of healthy and acutely sick persons as of syphilitic ones. He supposes these bodies to be what have been described by botanists and zoologists under the name of vacuoles. They are thought to be very small drops of water, less dense than the surrounding medium, and consequently refracting the light less, and enveloped by a thin wall of albuminoid matter, derived from the surrounding medium. These bodies have been the subject of a paper by Prof. Haidenhain, who calls them albumen-drops (Eiweisstropfen.)

Curious Freaks.—To the other cases of the kind on record may be added the following, recently reported to the Boston Society for Medical Improvement:

"Dr. Jackson exhibited a photograph of a collection of needles, three hundred in number, which had been removed from the body of an insane woman at the asylum in Utica, N.Y. The case was fully reported some time since in the *Journal of Insanity*. There was no history of her having introduced the needles into her body before her entrance to the hospital, and no performance of that kind was observed while she was there, but a few weeks after admission an inflammation of the breast developed, and at the place of pointing of the pus a needle was discharged, the first of the three hundred from various parts of the body, the limbs, the abdominal walls, the mammæ, etc.

"Dr. Jackson also showed a collection of needles which had a history similar to those just described. They were removed from the body of a negro woman of Nantucket, some years ago; no cause for the freak of their introduction having been assigned."

MISCELLANY.

A Remarkable Case,—A Young Man without any Liver, Stomach, and other Essentials (from the Pottstown, Pa., *Ledger*).—"A very unusual and wonderful phenomenon was found within the body of William Millaur, aged about nineteen years, son of Mr. Joseph Millaur, of Cedarville, North Coventry township, Chester county, who died on Monday morning, December 9. The deceased has been afflicted for several years with curvature of the spine, enlarged spleen and liver. Ascites, or abdominal dropsy, set in about eight months ago, as the result of the enlargement of the liver and spleen, interfering with the proper functions of the body, gradually increasing until his death.

"The case was under charge of several physicians of this vicinity, since he was first afflicted. Dr. J. Davis, who has been his attending physician for several months past, performed a post-mortem examination on Wednesday last, in the presence of several persons, and, strange to relate, after having drawn about eight gallons of dark-colored serous fluid from the abdomen, found that the liver, spleen, kidneys, stomach, and bowels were completely absorbed, without leaving any portion of them remaining,—nothing being found in the abdomen but a portion of the omentum, and the serous fluid. How long this had been the case we are unable to say, but certainly it could not have been long."

Government Medical Aid for the Families of Army Officers and Enlisted Men.—We find the following among the telegraphic news from Washington published in the *Evening Bulletin* of January 4: "Some time since, the Surgeon-General issued an order depriving the families of army officers and enlisted men in Washington of gratuitous medical attendance and medicines, heretofore furnished by the Surgeon-General and his assistants, and confining such attendance and medical supplies to officers and enlisted men personally. The officers, after considerable difficulty, succeeded in getting their families relieved from the operation of the order of the Surgeon-General, but the prohibition still continues with reference to the families of enlisted men. As these men comprise what are known as the general-service clerks of the War Department, a body whose expenses are necessarily the same, while their pay is very much less than that of civilian clerks of the lowest grade, the injustice, or unfairness, to say the least, is apparent. The physicians employed by the Surgeon-General as attending or contract-surgeons have full privilege of private practice, and, whether so intended or not, the order inures directly to their benefit, as the five hundred or more enlisted men, whose families were accustomed to their service, prefer their attendance. An effort is being made to have the order of the Surgeon-General rescinded."

Gray Hair in Fashion.—A New York fashion-writer says, "The number of our prematurely gray young women on the streets, dressed in the height of fashion, and stylish, attracts attention. The hair is not powdered or frosted, but is really gray. One would hardly credit the fact, but a fact it is, that a chemical process is resorted to to bleach the hair white. The

reign of the blonde is over, and the old term "tow-head" passes from room to room. Golden locks are at a discount. Raven tresses are vulgar, and snowy hair is the style. The highest-priced wigs are gray, and not black or auburn. Such is the tyranny of fashion that young girls with black and auburn hair are crazy to have a bleached head."

A Labor-Saving Device.—Hofrath Matzler (*Jenaisches Archiv f. Geburtsh.*, u. G. M. Redslob, Diss. de Hebræis obstetricantibus, Lips., 1835, p. 11) once encountered in a village an obstetrical chair which owed its construction to the inventive genius of a poor carpenter, who had substituted this inanimate support for the living chair, the *rôle* he always had to play himself. His wife always maintained that she was delivered easiest when seated upon his extended limbs; gradually his reputation for proficiency in this art extended through the village, and pretty soon there was not a woman in the place who would be delivered in any other way than upon his knees. He grew weary of this business in time, and devised the chair mentioned, for his relief. "Yes," he said, "I would have enough to do, if I had to let every cow in the country calve upon my lap." This narrative shows clearly enough how in Solinger's day certain persons were selected to officiate as "*Schoot-steers.*" It is highly probable also that the obstetric chair had its origin in this way.

Mr. Holmes Coote, the anatomist and surgeon, long connected with St. Bartholemew's Hospital, London, has been suffering from general paralysis for some time past, and is wholly disabled from professional life. He is, unfortunately, in very narrow circumstances. His son, as well as the son of Mr. Baker Brown, will apply for admission to the Royal Medical Benevolent College at the next election.

The Ex-Emperor of the French.—Telegraphic advices to the daily papers announce that on January 2 the ex-emperor was operated on for stone by Sir Henry Thompson, in London. It is not mentioned whether it was lithotrity or lithotomy that was performed; but the symptoms so far are reported as favorable.

Valuable Prize.—The *British Medical Journal* of December 14 says "the Riberi triennial prize of 20,000 *lire* (£800) has been awarded to Dr. Giuseppe Corradi, director of the surgical clinic at Florence, for four works on the Diseases of the Genito-Urinary Organs, three of which are as yet unpublished."

New Journal.—The same periodical mentions that a new monthly journal, under the name of *Il Galvani*, specially devoted to electro-therapeutics, is to be published at Urbino, in Italy, this year.

Appreciated Services.—*The Clinic* says that Prof. Pitha, of Vienna, recently received a fee of $50,000 on the recovery of the only son of Baron Tedesco, a millionaire of that city. The boy was twenty-three days unconscious. Pitha's assistant also received a large sum of money.

Dr. M. M. Levis, of this city, died on the 27th ult., at the advanced age of 77. He had for many years an extensive practice in the upper part of the city, where he was well known and highly esteemed. He was the father of Dr. Richard J. Levis.

A Singular Death.—A man named Heidenberg, a glazier, is said to have been snowballed to death in New York on New Year's day.

M. Pouchet, well known by his researches and writings on the subject of spontaneous generation, died in Paris early in December.

Mr. John A. Brown, the munificent donor of $300,000 to the Presbyterian Hospital of Philadelphia, died on the 31st ult., aged 85.

Mortality of Philadelphia.—The interments reported at the Health Office for the week ending Jan. 4, 1873, were 385; 237 adults, and 148 minors. 14 were of bodies brought from the country; making the mortality of the city 371. Among the causes of death were:

Consumption of the Lungs	53
Other Diseases of the Respiratory Organs	79
Diseases of the Circulatory Apparatus	24
Diseases of the Brain and Nervous System	52
Diseases of the Digestive Apparatus	21
Zymotic Diseases	18
Typhoid Fever	5
Casualties	7
Cancer	8
Suicide	1
Exposure	4
Debility (including "Inanition" and "Marasmus")	38
Still-born	20
Old Age	19

(The interments reported for the week ending Jan. 6, 1872, were 545.)

The meteorological record kept at the Pennsylvania Hospital was as follows:

	Thermometer. Max.	Min.	Barometer. (2 P.M.)
Dec. 29, 1872	35.0°	20.0°	30.50 in.
" 30 . .	30.0	15.0	30.67 in.
" 31 . .	39.0	30.0	30.28 in.
Jan. 1, 1873	32.0	28 0	30.51 in.
" 2 . .	34.0	27.0	30.44 in.
" 3 . .	46.5	37.0	29.97 in.
" 4 . .	44.0	32.5	30.33 in.

The mean temperature of the month of December was 28.22°; that of the year 1872, 54.66°; rain-fall for the year, 51.117 inches.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM DECEMBER 24, 1872, TO DECEMBER 30, 1872, INCLUSIVE.

Phillips, H. J., Assistant-Surgeon.—Granted leave of absence for thirty days, on Surgeon's Certificate of Disability. S. O. 230, Military Division of the Pacific, Dec. 12, 1872.

Munn, C. E., Assistant-Surgeon.—Assigned to duty at Fort Adams, R.I. S. O. 245, Department of the East, Dec. 23, 1872.